TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OF RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE. Indicate Town, City, or Village	DATE OF SIGNING		
Kristine M. de Falla		,	☐ Town ☐ Village ☐ City			
2 Grist M. Letal	Krishhe M. detalla	1112 Dakota Str Waterbun, WI 53094	D Town Ullage Wattown	1/4/12		
3.			니 Town 니 Village 니 City			
4.		The state of the s	□ Town □ Village ⊔ City			
5,		THE THE CONTROL OF TH	□ Town □ Village □ City			
6.			□ Town □ Village □ City			
7.	·		□ Town □ Village □ City			
8.			□ Town □ Village □ City			
9.			Q Town 니 Village 니 City			
10.			☐ Town ☐ Village ☐ City			

1. Wa	Her	Mirk	Certification	1 of Circulator	, certify:		
I reside at 8	194 K	chards	(name of circulator)	of Waterbun	W153094		
(circulator's residence - include number, street, and municipality)							

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

01/04/12

Halle Mush

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

140

920-261-3857

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

	MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. FREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE	
1/A Ru	rgal address must also include box or fire no. Indicate Town, City, or Village	DATE OF SIGNING
Marquet Stac MARGARET Stay to	ATENTOWN, WI Zotty	1/1/2012
$\frac{2}{2}$	☐ Town☐ Village☐ City	
3.	☐ Town ☐ Village ☐ City	
	□ Town □ Village □ City	
	□ Town □ Village □ City	
6.	□ Town □ Village □ City	
7.	☐ Town ☐ Village ☐ City	
8.	□ Town □ Village □ City	
9.	□ Town □ Village □ City	•
10:	□ Town □ Village □ City	

I ,	Marc Eic	hstead Cert	tification of Circulato	or		, certify:	
I reside at _	w8 890	(name of circulator Middle RJ	watertown	اس	Town of		
1 personally	circulated this recall		- include number, street, and municipality) feach of the signatures on this pap	per. I know the	at the signers are e	electors of the jurisc	diction or
district repre	sented by the officehor or her name. I know t	older named in this petition. I k	know that each person signed the partition. I am	aper with full	knowledge of its o	content on the date	indicated
	1. 4. 12		Mare Enho	Tune!			

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

1402

/• 4• /2

(signature of circulator)

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Jadicate Town, City, or Village	DATE OF SIGNING		
1. Charlens Dufel	Charlene Herfel	N4354 Black Dr Cambrida WI 53523	O City	1/11/12		
2.			□ Town □ Village □ City			
3.			□ Town □ Village □ City			
4.			☐ Town ☐ Village ☐ City			
5.			□ Town □ Village □ City			
6.			☐ Town ☐ Village ☐ City			
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8.			☐ Town ☐ Village ☐ City			
9.			☐ Town ☐ Village ☐ City			
10.			☐ Town ☐ Village ☐ City			
/ i. A / /	Cartification of Circula	<u> </u>				

			☐ City	
Kati I. Jak	Certification of Circu	lator		
, ran was		, certify:		Return by January 10, 2012
reside at 195 Rankla	(name of circulator)	y & Madis		to Lori Compas 326 Garfield Street
(cir	culator's residence - include number, street, and municipal	(iii)		Fort Atkinson WI 53538
personally circulated this recall petition and personal	onally obtained each of the signatures on th	is paper. I know that the signers are electors of t	he jurisdiction or	11103
listrict represented by the officeholder named in the				1403 Wy 698 6587
pposite his or her name. I know their respective re i. 12.13(3)(a), Wis. Stats.	sidences given. I support this recall petition	. I am aware that faisifying this certification is pu	inishable under	(05) 698 65 8/
1/11/12		M		
(date)		(signature of circulator)		

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

	THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS NOT S IT ALWAYS BE LISTED.	UFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1 Core Graer	Corinne Grover	Watertown	Town UVillage Waterturn	1-10-12
2.			☐ Town ☐ Village ☐ City	
3.			□ Town □ Village □ City	
4.			☐ Town ☐ Village ☐ City	
5.			□ Town □ Village □ City	
6.			☐ Town ☐ Village ☐ City	
7.			□ Town □ Village □ City	
8.			☐ Town ☐ Village ☐ City	
9.			☐ Town ☐ Village ☐ City	
10.			□ Town □ Village □ City	

1, Marzanni	e EWIA	er unication of Cir	culator		, certify:	
I reside at 6391	21 Hle Har	bor nrive	townof	fe vosto	002	Sturgeon
	(circulator's resi	dence - include number, street, and m	unicipality)			J

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

(signature of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to

(_ Afficie Af	11, Section 12 of the Wisconsin	Constitution and S. 9.10 of the Wis	consin Statui	es.	
			G PURPOSES, WHEN DIFFERENT THAN MU! F THE MUNICIPALITY OF RESIDENCE MUS			UFFICIENT.
	SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	i .	TY OF RESIDENCE wn, City, or Village	DATE OF SIGNING
1.	Joan Schleicher	Joan Schleicher	1107 Virginia Ave Watertown 53094	☐ Town ☐ Village ★City	tertown	1/10/19
2.	KO	Jan Schleicher		☐ Town ☐ Village ☐ City		
3.		•		☐ Town ☐ Village ☐ City		
4.				☐ Town ☐ Village ☐ City		
5.				☐ Town ☐ Village ☐ City		
6.				☐ Town ☐ Village ☐ City		
7.				☐ Town ☐ Village ☐ City		
8.				☐ Town ☐ Village ☐ City	-	
9.				□ Town □ Village □ City		
10.	•			☐ Town ☐ Village ☐ City		
\	/-1* - 1	Certification of Circula	ator	1		
I,	e at 13W Mary St	ame of circulator) City of Waterfown	, certify:		Return by Janu to Lori Compas 326 Garfield St	5

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

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	SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	any Hegstrom	GARY HEGSTROM	LAKE MILLS, WI 53551	CTOWN > LAKE MILLS	Jan 6, 2012
2.				☐ Town ☐ Village ☐ City	
3.				☐ Town ☐ Village ☐ City	
4.				□ Town □ Village □ City	
5.				□ Town □ Village □ City	
6.				□ Town □ Village □ City	
7.				□ Town □ Village □ City	
8.				☐ Town ☐ Village ☐ City	
9.				☐ Town ☐ Village ☐ City	
10.				☐ Town ☐ Village ☐ City	
	Dal 11	Certification of Circula	tor		<u> </u>

	Dehna H	Certific	cation of Circulato	${f r}$	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
I,	sebra H	egs trom		^	, certify	/ :
I reside at _	W8246	(name of circulator) Sun Set Ct,	Lake Mills	Town of Lake	mills	
•		(circulator's residence - inclu	ude number, street, and municipality)	53551		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

VIS. Stats.

1/06/12

1/date)

Debia Hegothra

(signature of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

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		G PURPOSES, WHEN DIFFERENT THAN MUI THE MUNICIPALITY OF RESIDENCE MUS		UFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	Kent MacLanghlin	W8144 ISLAMO RO WATERLOS WI - 53594	BYTOWN O Village OCity MATERLOS	270=2011
2.			☐ Town ☐ Village ☐ City	
3.			□ Town □ Village □ City	
4.			☐ Town ☐ Village ☐ City	
5.			□ Town □ Village □ City	
6.			□ Town □ Village □ City	
7.			□ Town □ Village □ City	
8.			□ Town □ Village □ City	
9.			□ Town □ Village □ City	
10.			☐ Town ☐ Village ☐ City	

Certification of Circulator	
I, KENT WAZLANGHLIN	, certify:
(name of circulator)	
I reside at W8144 ISVANO KO, WATERLO WI 53594	· · · · · · · · · · · · · · · · · · ·
(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

27 DEC ZOIL

(signature of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

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SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Thomas & Schutte	Thomas J. Schulte	JUNEAU, W. 53039	Town Ullage JUNE a U	1-11-12
2.			☐ Town☐ Village☐ City	
3.			☐ Town ☐ Village ☐ City	
4.			☐ Town ☐ Village ☐ City	
5			☐ Town☐ Village☐ City	
6.			☐ Town ☐ Village ☐ City	
7.			□ Town □ Village □ City	
8.			☐ Town ☐ Village ☐ City	
9.			□ Town □ Village □ City	
10.			□ Town □ Village □ City	

ı, <u> </u>	/ //	2 3/11/11/11/12 -191				, certity:
	•	(name of	circulator)			
I reside at	1032 5,	GEORGETOWN	TERRACE	BEAVER	DAM	
			residence - include number, s			***************************************
district represe	nted by the o her name. If	fficeholder named in this petit	tion. I know that each	person signed the paper	r with full knowledge of	are electors of the jurisdiction or its content on the date indicated ertification is punishable under
1-	11-12			9 0	1/ / / / / /	

(date)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538



TO: THE GOVERNMENT ACCOUNTABILITY BOARD

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Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPA	ALITY OF RESIDENCE Town, City, or Village	DATE OF SIGNING
Mirhal Stable	Michael J. Stackle	506 E. Sheir man Ave Fort Atkinson	□ Town	out Affina	1-5-2012
2.			☐ Town ☐ Village ☐ City	·	
3.			□ Town □ Village □ City		
4.			☐ Town ☐ Village ☐ City		
5.			☐ Town☐ Village☐ City		
5.			☐ Town☐ Village☐ City		
7.			☐ Town ☐ Village ☐ City		•
3.			☐ Town ☐ Village ☐ City		
).			☐ Town ☐ Village ☐ City		
0.			☐ Town☐ Village☐ City		
Karen Vieth	Certification of Circulat	or , certify:	-	Return by Janu	40.0046

1, <u>K</u> 0	iren	Vieth	Certification of	I Circulator	certify:
I reside at	3130	James	(name of circulator) 54. Apt. 1	City of	Madison
-		* • • • • • • • • • • • • • • • • • • •	(circulator's residence - include number, stre	eet, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

5/20/2 July (signature of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

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	THE NAME O	F THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LISTED.	
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. (pe Twerreed)	Joe Liverseed	N6973 Lake View Rd Lake Mills, WI 53551	Drown Uvillage Lake Mills	12-23-1
2.			☐ Town ☐ Village ☐ City	
3.			□ Town □ Village □ City	
4.			□ Town □ Village □ City	
5.			□ Town □ Village □ City	
6.			□ Town □ Village □ City	
7.			□ Town □ Village □ City	
8.			□ Town □ Village □ City	
9.			□ Town □ Village □ City	
10.	C-48-4		☐ Town ☐ Village ☐ City	

1 . 2	Certification of Circulator	
I, ANTON PRZYBYLSKI		, certify:
I reside at 101 BRIAR CREST	(name of circulator) 57-, MADIBON, W.F. 53704	CITY OF MADISON
(c)	irculator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

12/27/11 (date)

Anton Poplylalia

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

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		THE MUNICIPALITY OF RESIDENCE MUST		
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
		Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
1.0	Heling	354 Van Buren Water/00, 53594	☐ Town	
seraldine ming	Geraldine	Water/00, 53594	ecity water/oo	12/27/11
Geraldine Heling			□ Town □ Village	
			☐ City	
3.			☐ Town ☐ Village	
			☐ City	
4.			☐ Town	
			☑ Village ☑ City	
5.			□ Town	
			□ Village □ City	
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7.			□ Town	
			□ Village □ City	
8.			□ Town	
			☐ Village ☐ City	
9.			□ Town	
			□ Village □ City	
10.			□ Town	
	a second and a second a second and a second a second and a second a second and a second a second and a second a second a second and a second and a second and a second and a s		□ Village □ City	
			w City	

/ / // Certification of Circulator	
1, Julia Hoselew Continuation of Circulator	_, certify:
I reside at 1900 Clearwater Drive City of Oconomouse	71.
(circulator's residence - include number, street, and municipality)	
I nersonally circulated this recall netition and personally obtained each of the signatures on this paper. I know that the signers are	electors of the jurisdiction (

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

(date)

What Hazeley (signature of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

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, , , , , , , , , , , , , , , , , , ,		PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		UFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Buck Hockelberry	Rick Hackelberg	522 Midway Ave Defferson, WI	□ Town □ Village SCity Jefferson	1-8-2012
2.			☐ Town ☐ Village ☐ City	
3.			☐ Town ☐ Village ☐ City	
4.			☐ Town☐ Village☐ City	
5.			☐ Town ☐ Village ☐ City	
6.			☐ Town ☐ Village ☐ City	
7.			☐ Town ☐ Village ☐ City	
8.			☐ Town ☐ Village ☐ City	
9.			☐ Town ☐ Village ☐ City	
10.			☐ Town☐ Village☐ City	
I, Lynn R. McKe	Certification of Circula	tor , certify:	Return by Jan	uary 10, 2012

	Luanz	R McKenzi	Certification of	Circulator		
l,	<u> </u>	11. Merizi	2			, certify:
I reside at	4360	Damascus (name of circ	Tracl	Cottage	Grove	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

1-8-2012

Jynn R Mc K
(signature of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

(608) 225-2585

Lynn.lcreate@gmai

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FUTLOERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

		i i deposed, when deterent than the The municipality of resulence was			JEMCIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF PLECTURS	STEERT & NUMBER OF RURAL ROUTH from Politions must also include box or fire to a	MUNICIPALIT	Y OF RESIDENCE	DATEO
"- whom Ullner	Julia J. Vollmer	12 10 7 000		ke Mills,	1-8-2012
			Ch To√n □ Village □ City	and the same of th	
3			□ Town □ Village □ City		
4.			□ Town □ Village □ City		
5.			☐ Town ☐ Village ☐ City		
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1, Robert Links Treside at 2885 Interi	Recreation light of Cools Robert Lista City of Jacobs Pass, Madis	on, WI, 53719		Return by Jan to Lori Compa 326 Garfield S Fort Addingon	s treet
I personally circulated this recall petition and personally circulated this recall petition and personal fraction of the personal of the perso	nis petition. I know that each person signed desidences given. I support this recall actions	e on, or with full knowledge of its content on t Laur not within liking his certification is m	he date indicated	608.848	8626
1/8/12	X	Bert Liska		14	1.5

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to _Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING			
1. Clope De	Christopher Beck	1 Fox lake 1553933	Town Village Fox lake	1/7/12			
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1, Amy Sies	Certification of Circulator	, certify:
I reside at W205N 16512	Crawnorry Crockly hllage of Tackon	att 53037
•	(circulator's residence - include number, street, and municipality)	
i i i i i i i i i i i i i i i i i i i		

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

(date)

My Signary Te of circular

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
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James	Shew	James	J. Shaw	327 2a4e	S. Fevry Dr.	□ Town □ Village 1 SyCity Lake	m,//	1/10/2012
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Certification of Circulator	
Jean F. Shaw	, certify:
eside at 327 South Ferry Drive, City of Cole Mills	WE SPSS/
(circulator's residence - include number, street, and municipality)	

personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or strict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated posite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 12.13(3)(a), Wis. Stats.

Jan. 10, 2012

Yearn Z. Skan

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

		PURPOSES, WHEN DIFFERENT THAN MUN			UFFICIENT.
	THE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYS BE LIS	TED.	
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALIT	TY OF RESIDENCE	DATE OF
		Rural address must also include box or fire no.		n, City, or Village	SIGNING
1 Michelle Greso	Michelle Giese	131 Walnut St. Beauer Dam 53916	Town Village CC	wer Dam	1-10-12
2.			☐ Town ☐ Village ☐ City	-	-
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1. Suxan Roberts	Certification of Circula	tor			
I reside at 514 Spring C	plane of circulator) Madeson Culator's residence - include number, street, and municipality	53705	·	Return by Janu to Lori Compas 326 Garfield St	s reet
I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective res	nally obtained each of the signatures on this ps petition. I know that each person signed the	paper. I know that the signers are electors of the paper with full knowledge of its content on the am aware that falsifying this certification is pur	e date indicated	Fort Atkinson	

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

		THE MUNICIPALITY USED FOR MAILING THE NAME OF	G PURPOSES, WHEN DIFFERENT THAN MUI F THE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS NOT S IT ALWAYS BE LISTED.	SUFFICIENT.
	SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.			15 E ADams ST #Z	□ Town	
	- War	DIRE N.P. WOLF	(SE ADams ST #2 Cambridge, W.E. 33523	City ROCKDale	1/10/12
2.				□ Town □ Village □ City	
3.				□ Town □ Village □ City	
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	Certification of Circulator	
1, GREG HERRINGTON		, certify:
I reside at 45 BRADFORD	(name of circulator) LA MADISON, WIS, 53714	•
	(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

1-10-12

Gignatur of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

1417

TEL. 608-249-588.

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.							
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING			
"Curtu allut.	CHRISTINE ALBERT	160 COUNTY B CAMBRIDGE WI 53523	D'Town UVIllage CHRISTIANA	Dec 6 2011			
2.			☐ Town ☐ Village ☐ City				
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10.			□ Town □ Village □ City				

I,	17-9. 9.	· · · · · ·	aff certifica				, certify:	
I reside at	W9113	Red	feather	Dr.	Cambridge	WI	<i>5352</i> 3	
			(circulator's residence - include	e number, street, a	nd municipality)	•		
I personally a	circulated this recal	I petition and	nersonally obtained each	of the signatur	res on this paper. I know tha	t the signers	are electors of the jur	isdiction or

326 Garfield Street Fort Atkinson WI 53538

to Lori Compas

1418

Return by January 10, 2012

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

S. 12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

	THE MUNICIPALITY USED FOR MAILING THE NAME OF	S PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	NICIPALITY OF RESIDENCE, IS NOT S	SUFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Stephen Buce	Stephanie Bricco	717 B: Heroweet La Waterform WE 53094	□ Town □ Village SCity Waterfown	1-8-12
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Certification of Circulator	
I reside at 909 Newbury St. Ripon WI Sugal City of Ripon (circulator's residence - include number, street, and municipality)	Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.	1411

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

Article X	III, Section 12 of the Wisconsin C	Constitution and S. 9.10 of the Wis	consin Statut	es.			
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALI	TY OF RESIDENCE	DATE OF		
		Rural address must also include box or fire no.		n, City, or Village	SIGNING		
anda Ham	Linda Harring	Stoughton VI.5358	Town Uillage City	vistana	1-5-12		
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	Certification of Circula tz man name of circulator) Way, Fitchburg	, certify:		Return by Jan to Lori Compa	5		
I personally circulated this recall petition and personally circulated the recall petition and personally circulated by the officeholder pamed in the	rulator's residence -include number, street, and municipal on this obtained each of the signatures on this	paper. I know that the signers are electors of the	e jurisdiction or	326 Garfield S Fort Atkinson			

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

S. 12.13(3)(a), Wis, Stats.

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

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	THE MUNICIPALITY USED FOR MAILING THE NAME OF	g purposes, when different than mut f the municipality of residence mus	NICIPALITY OF TALWAYS BE L	RESIDENCE, IS NOT SI ISTED.	JFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPAL	LITY OF RESIDENCE own, City, or Village	DATE OF SEGNING
Hairon a Rearl	Leticia A. Pagel	412 Scott St. Lake Milk, W 53551	1 4	ake Hills	1/12/19
2.			☐ Town ☐ Village ☐ Gity		
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, Mary Liebia	Certification of Circula	ator , certify:		Return by Jan	uary 10, 2912

Mary Liebia Certification of Circulator	, certify:					
I reside at 2697 Westchester Greek Town J D (circulator's residence - include number, street, and municipality)	onkirk					
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under						

to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

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	THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST	HCIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
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SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
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	Cartification of Cinaria			

I, GARY A. JOHANKNECHT	culator	. certify:	
I reside at 1032 5 GEORGETOWN TERRACE	BEAVER	OAN	
(circulator's residence - include number, street, and mu			
I personally circulated this recall petition and personally obtained each of the signatures o district represented by the officeholder named in this petition. I know that each person sig	n this paper. I know that ened the paper with full kn	the signers are electors of the nowledge of its content on the	e jurisdiction of date

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

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Article	Alli, Section 12 of the wisconsin C	constitution and S. 9.10 of the Wis	sconsin Stati	ites.	
		PURPOSES, WHEN DIFFERENT THAN MUINTHE MUNICIPALITY OF RESIDENCE MUS			FFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	1	LITY OF RESIDENCE	DATE OF SIGNING
1. Sathe	Lies Hohnshell	317 Clauna Sh Fort Atkusin, WI	□ Town □ Village ★City	ort Atkinson	1/5/12
2.			☐ Town ☐ Village ☐ City		
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7.			☐ Town ☐ Village ☐ City		reconstitute that conference and the state of the state of the
8.			☐ Town ☐ Village ☐ City		- / /
9.			☐ Town ☐ Village ☐ City		
10.			☐ Town ☐ Village ☐ City		
I, James Hartwick	Certification of Circula	tor , certify:		Return by Janu	ary 10, 2012
I, James Hartwick I reside at 178 N. Franklin	Street, Whitewater, W	I 53190		to Lori Compas 326 Garfield Str	

I,	James	Hartwick	Certification of Circulato	r , certify:	
I reside at _	178 N	. Franklin	(name of circulator) Street, Whitewater, WI	53190	
			(circulator's residence - include number, street, and municipality)	City of Whitewater	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

-		THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST			UFFICIENT.
SIG	NATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE		TY OF RESIDENCE	DATE OF
			Rural address must also include box or fire no.	Indicate Tow	n, City, or Village	SIGNING
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<u> </u>	401	Certification of Circula	tor	<u> </u>		
1, <u>Sco</u>			, certify:		Return by Janu	uary 10, 2012
I reside at	535 LONDON Rd	name of circulator) Ney Field W 53 53 culator's residence - include number, street, and municipality		***************************************	to Lori Compa 326 Garfield St	reet
district represen	culated this recall petition and personted by the officeholder named in the	onally obtained each of the signatures on this partition. I know that each person signed the sidences given. I support this recall petition. I	paper. I know that the signers are electors of the	ne date indicated	Fort Atkinson	wi 53538
	1/8/2012				17	υ 1

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

			THE MUNICIPA	LITY USED FOR MAILING THE NAME OF	G PURPOSES, WHEN DIFFERENT THAN MUR F THE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS NOT S	UFFICIENT.
	SIGNATURES OF ELECTORS		PRINTED N	IAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
()	test Dentet	<u></u>	Pet. LLF	Boettcher	11165 916 ST Watertown, WI: 53094	Town Village Spity Westertown	1-8-12
2.						□ Town □ Village □ City	
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9.			***************************************			□ Town □ Village □ City	
10.						□ Town □ Village □ City	

1, Mary	'Sularia	Certific	eation of Circu	lator		•	
1, I reacy	sanderson					certify:	
I reside at 513	Vorktown	(name of circulator)		Forest			
	· (*)	circulator's residence - inclu	de number, street, and municip	ality)			· · · · · · · · · · · · · · · · · · ·
district represented by t		this petition. I know residences given. I su	that each person signed	the paper with full ki	nowledge of its co	intent on the dat	te indicated
12=	5 ms ga	n 8 2012	Mt	1 V)_			
	dates			/-:	Δ		

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

1425

(signature of circulator)

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

,	THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		JFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Lew Tuled	Keure TKESiTousisi	803 5 3 Rd S/ CV 14 Ten Town W/ 53644	U Town U Village WATERTOWN	2-10-11
2.			☐ Town ☐ Village ☐ City	
3.			□ Town □ Village □ City	
4.	·		□ Town □ Village □ City	
5.			□ Town □ Village □ City	
6.			□ Town □ Village □ City	
7.			□ Town □ Village □ City	
8.			☐ Town ☐ Village ☐ City	
9.			□ Town □ Village □ City	1.
10.			□ Town □ Village □ City	

Certification of Circulator						
I, KOBERT F GRAMLING	, certify:					
(name of circulator)	C 2 1 1					
Treside at 5120 SPANEM AUE CITY of MADISON UI	54/16					
(circulator's residence - include number, street, and municipality)						

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.1343(1), Wis. Stats.

DEC 13, 20/1

Most Holy (signature of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.						
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
1. Lathy brus	Kathy Brus	315 clarence St FDVA AKKMSON	D Town U Village St City TOY + A+KVVson	11-26-11		
2.			☐ Town ☐ Village ☐ City			
3.			□ Town □ Village □ City			
4.			□ Town □ Village □ City			
5.			□ Town □ Village □ City	·		
6.			□ Town □ Village □ City			
7.	·		☐ Town ☐ Village ☐ City			
8.			□ Town □ Village □ City			
9.			□ Town □ Village □ City	·		
10.			☐ Town ☐ Village ☐ City			

Certification of Circulator					
I GREZ-ORY MISFELDT	harang kabbak ing kang 140 ma Palantan	certify:			
I reside at 233 EAST MICHAUICEE AVE #302, Ft. ATKINSON	WI	53538			
(circulator's residence - include number, street, and municipality)					

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

DEZEMBER 12th, 2011

Africal Chignature of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

		·····	1	I HE NAME OF	THE MUNICIPALITY OF RESIDENCE MUST	ALWAYSBE LISTED.	
SIGNAT	TURES OF ELEC	TTORS	PRINTED	NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF
					Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING
Vicke	1 Dagal	,	Wich is	Boeder	N/293 County Road & Reeseville, WI 53579	☐ Town	100 100
- June	Over		Vacce		Reeseville, WI 53579	Village Reeseville	12/13/11
2.						□ Town	2
						□ Village □ City	
3.		1				☐ Town	3
						☐ Village ☐ City	
4.						☐ Town	
			÷			☐ Village ☐ City	
5.						□ Town	
						☐ Village ☐ City	
6.						□ Town	
		٠		•		☐ Village ☐ City	
7.						☐ Town	
	· · · · · · · · · · · · · · · · · · ·					☐ Village	
8.						☐ City ☐ Town	
						□ Village	
						City	
9.		ž.				☐ Town ☐ Village	
					and the same of th	□ City	
10.						☐ Town ☐ Village	
	·			· · · · · · · · · · · · · · · · · · ·		☐ City	

1, Katie Lamberton Certification of Circulator certify:	
I reside at 13W Many Street City of Watertown.	Return by January 10, 2012 (to Lori Compas
(circulator's residence - include number, street, and municipality)	326 Garfield Street Fort Atkinson WI 53538
personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her page. I know that it is not active and its personal	
opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.	1428
12/13/11 State Tamberton (signature of circulator)	1700

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.						
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
1. Hour Mitoles	Gloria Nikolas	123 Fast Washington Lake M.115 WI53851	Drown Dillage Lake Mills	1/6/2012		
2.			□ Town □ Village □ City			
3.			□ Town □ Village □ City			
4.			□ Town □ Village □ City			
5.			□ Town □ Village □ City	· · · · · · · · · · · · · · · · · · ·		
6.			□ Town □ Village □ City			
7.			□ Town □ Village □ City			
8.			☐ Town ☐ Village ☐ City			
9.			□ Town □ Village □ City			
10.			□ Town □ Village □ City			

1. TRAVIS GRUVER	Certification of Circulator	. certify:
Ireside at 6301 Cangon	Pluy City of Mckins	
	(circulator's residence - include number, street, and municipality)	*
	personally obtained each of the signatures on this paper. I know that the signe	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

1/6/12

Asignature of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

	THE MUNICIPALITY USED FOR MAILING THE NAME OF	PURPOSES, WHEN DIFFERENT THAN MUITHE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF I T ALWAYS BE LI	RESIDENCE, IS NOT S STED.	UFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPAL	ITY OF RESIDENCE wn, City, or Village	DATE OF SIGNING
1. Dear C Makes	Dean C. Roben Is	730 Read ST 53551	□ Town □ Village ∡ City La!	ke Mills	1-6-12
2.			☐ Town☐ Village☐ City		
3.			☐ Town☐ Village☐ City	-	
4.			☐ Town ☐ Village ☐ City		
5.			☐ Town ☐ Village ☐ City		
6.			☐ Town ☐ Village ☐ City		
7.			☐ Town ☐ Village ☐ City		
8.			☐ Town ☐ Village ☐ City		
9.			☐ Town ☐ Village ☐ City		
10.			☐ Town ☐ Village ☐ City		
Bet 11	Certification of Circulat	tor , certify:			
reside at 3314 Denby	(name of circulator)	wz 53713	•	Return by Jan to Lori Compa 326 Garfield S Fort Atkinson	s treet
listrict represented by the officeholder named i	personally obtained each of the signatures on this per n this petition. I know that each person signed the re residences given. I support this regall petition. I support this regall petition.	paper with full knowledge of its content on the	ne date indicated	14	30

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

		PURPOSES, WHEN DIFFERENT THAN MUN		UFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Estie M. Gens	Eydie M. Penn	124-W. Adams ST.	Town World Rockdale	1/11/12
2. 0	J		□ Town □ Village □ City	
3.			□ Town □ Village □ City	
4.			□ Town □ Village □ City	
5.			□ Town □ Village □ City	
6.			☐ Town☐ Village☐ City	
7.			☐ Town ☐ Village ☐ City	
8.			□ Town □ Village □ City	
9.			□ Town □ Village □ City	
10.			☐ Town☐ Village☐ City	
MA	Certification of Circula	tor		
I reside at 124 - W. ADAMS	Certification of Circula M. R. N. N name of circulator) ST Cambridge culator's residence - include number, street, and municipality	Rockdale) WI 5352	Return by Jan to Lori Compa 326 Garfield S Fort Atkinson	s treet
I personally circulated this recall petition and perso district represented by the officeholder named in thi opposite his or her name. I know their respective res S. 12.13(3)(a), Wis. Stats.	is petition. I know that each person signed th	e paper with full knowledge of its content on the	ne jurisdiction or ne date indicated	

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

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	THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	DATE OF		
		Rural address must also include box or fire no.	Indicate Town, City, or Village	SIGNING		
1 0 1	11 0 1	1501 Beacon Dr	□ Town			
"allo C. John	Alex C. Laper		□ Village / / Locle	12/24/11		
	73	Waterform, WI 53098	Scity Waterforn	10/27/11		
2.	·	•	☐ Town			
			□ Village			
			☐ City			
3.			□ Town			
			│ □ Village │ □ City			
4.			☐ Town			
т,	<u>'</u>		☐ Village			
			☐ City			
5.			☐ Town			
			☐ Village			
			☐ City			
6.			□ Town			
			☐ Village ☐ City			
7.			☐ Town			
<i>1</i> .			□ Village			
	`		□ City			
8.			□ Town	1		
			☐ Village			
			☐ City			
9.			□ Town			
			□ Village	·		
10			☐ City			
10.			☐ Town ☐ Village			
			□ Village □ City			
	Certification of Circula	ton	1,	<u> </u>		

. 12 - 0 1	Certi سرارا /	fication of Circulator			
1, 18 rau	(name of circulator)	City of BIC		, certify:	
I reside at 605	Broskstone Way	Watertown,	WI		
	(circulator's residence -	include number, street, and municipality)			

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

Sub Maria

(signature of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

	THE MUNICIPALITY USED FOR MAILING THE NAME OI	PURPOSES, WHEN DIFFERENT THAN MUITTHE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF RESIDENCE, IS NOT S	SUFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
Drane K Prochrow	Duane R Prochnow	W1691 Hilltop Lane Ixonia, WI 53036	XTown UVIllage City XOWIA	12/06/2011
2.			□ Town □ Village □ City	
3.			□ Town □ Village □ City	
4.			□ Town □ Village □ City	
5.			□ Town □ Village □ City	
6.			□ Town □ Village □ City	
7.			□ Town □ Village □ City	
8.			□ Town □ Village □ City	
9,			□ Town □ Village □ City	
10.	Continue & Charles		□ Town □ Village □ City	

1, <u>J</u>	Q M.	Hartwice	Certification of Circulator	
I reside at	oy v	Macy	(name of circulator) STELL STOR Officer (controlled number, street, and municipality)	
		(irculator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$ 12.13(3)(a). Wis State

3(5)(a), Wis. Stats.

1/4/12

(signature of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

1433

YO

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
19 Mgc	Shauna Meyer	Let ShirleySt For+ Atkenson 5353	Drown Fort.	12/19/11
2.			□ Town □ Village □ City	
3.			□ Town □ Village □ City	
4.			□ Town □ Village □ City	
5.			□ Town □ Village □ City	
6.			□ Town □ Village □ City	
7.			□ Town □ Village □ City	
8.			□ Town □ Village □ City	
9.			□ Town □ Village □ City	
10.			□ Town □ Village □ City	

I, MATTHEW LOUP	Certification of Circulate	or . certify:
Treside at 61 SHIRLEY ST	(name of circulator) FORT ATKINSON W 53538	CITY OF FORE ATKINSON
Lappane Westing Track (the model of the Co	(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

JANUARY 8, 2012

(vignature of circ) lator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

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1. Timathy P Such	Tinoths P Sycker	1313 Utah St Watertown VI 53094	Town Village Value van	118/12	
2.			☐ Town ☐ Village ☐ City		
3.	, ,		☐ Town ☐ Village ☐ City		
4.			□ Town □ Village □ City		
5.			☐ Town ☐ Village ☐ City		
6.			□ Town □ Village □ City		
7.			□ Town □ Village □ City		
8.			□ Town □ Village □ City		
9.			□ Town □ Village □ City		
10.			☐ Town ☐ Village ☐ City		

Í.	Ruan 1	Hiol	Certifica	ation of Circuit	atur		. certify:	
I reside at	215	N.	Frances #50	3, Medisa	53703	City	of Madi	Som
-			(circulator's residence - includ	le number, street, and municipal	lity)			,
			(circulator's residence - includ		****			

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1/8/12

(signature of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING	
1. Johnstanft	JOHN A. SANFT	933 STONY ROAD LAKE MILLS W/ 53551	O Town Cillage City LAKE MILLS	1-8-12	
2.			☐ Town ☐ Village ☐ City		
3.			□ Town □ Village □ City		
4.			☐ Town ☐ Village ☐ City	•	
5.			□ Town □ Village □ City		
6.			□ Town □ Village □ City		
7.			□ Town □ Village □ City		
8.			☐ Town ☐ Village ☐ City		
9.			☐ Town ☐ Village ☐ City	·	
10.			□ Town □ Village □ City		
Certification of Circulator					

Charle Tyleff (signatur of circulator)

I, CHARLES	UPHOFF	Certification of	Circulator	, certify:
I reside at 2475	- Lalon Rel.	(name of circulator) Fitchburg. WI	53575	COTY OF FITCHBURG
		circulator's residence - include number, street		
district represented by the	officeholder named in	this petition. I know that each pers	son signed the paper wi	now that the signers are electors of the jurisdiction of the full knowledge of its content on the date indicate that falsifying this certification is punishable under

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

608-835-7283

(2)

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS PRINTED NAMES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE Rural address must also include box or fire no. Indicate Town, City, or Village			DATE OF SIGNING	
1.	T + 12	Braver Dam, Wis 53916	□ Town B Fa V FR., w : 3	Dec 4th 2011
2. June J. Rasmunen	JUNE I ROSMUSSEN	Braver Dam, Wis 53916	☑ City ☐ Town ☐ Village ☐ City	
3.	·		□ Town □ Village □ City	
4.			☐ Town ☐ Village ☐ City	
5.			□ Town □ Village □ City	
6.			□ Town □ Village □ City	
7.			☐ Town ☐ Village ☐ City	
8.			☐ Town ☐ Village ☐ City	
9.			□ Town □ Village □ City	
10.	Cartification of Circula		□ Town □ Village □ City	

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Certificati	on of	Circulator			
I, LAUVIL A CLASMUSSEN	i.				, certify:	
I reside at 1565 Smithfield Dr	(name of circulator)	WI	53930			
	(circulator's residence - include nu	mber, stre	et, and municipality)			
I personally circulated this recall petition and pe	ersonally obtained each of	the sion	atures on this naner	I know that the signers a	re electors of the jurisdicti	on c

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

1/3/12

Lame A Rame

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

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		THE MUNICIPALITY USED FOR MAILING THE NAME O	G PURPOSES, WHEN DIFFERENT THAN MU F THE MUNICIPALITY OF RESIDENCE MUS	NICIPALITY OF	RESIDENCE, IS NOT S	UFFICIENT.
	SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPAL	LITY OF RESIDENCE	DATE OF SIGNING
1.	Todd Wheren	Todd Weber	Jefferson, Wi 55649	☐ Town ☐ Village City	efferson	1/7/12
2.			Ţ	☐ Town☐ Village☐ City		
3.				☐ Town ☐ Village ☐ City		
4.				☐ Town☐ Village☐ City		
5.				☐ Town ☐ Village ☐ City	***************************************	
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ſ	Cathy Debeuer	Certification of Circula			,	1
reside		ame of circulator) St. #2, Madiso	n	•	Return by Janu to Lori Compa 326 Garfield St	s
district re opposit <mark>e</mark>	ally circulated this recall petition and person epresented by the officeholder named in this	s petition. I know that each person signed th	paper. I know that the signers are electors of the paper with full knowledge of its content on the lam aware that falsifying this certification is put	ne date indicated	Fort Atkinson	

(signature of circulator)

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to

_ Article XI	II, Section 12 of the Wisconsin (Constitution and S. 9.10 of the Wis	consin Statutes.	
		FURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST		T SUFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Sak Hillu	Sarah Heller	121 N. Pleasant Ave Je-fferson	D Town D Village Jefferson	1/7/12
2.			☐ Town ☐ Village ☐ City	
3.			☐ Town ☐ Village ☐ City	
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10.			☐ Town ☐ Village ☐ City	
1, Cathy Debevec	Certification of Circula	certify	Return by 1	anuary 10, 2012
I reside at 1885 E. Mai	name of circulator) Out of the street and municipality of the	on	to Lori Com	pas

1,	Debase	. certify:
I reside at 1885		•
•	(circulator's residence - include number, street, and municipality)	
district represented by the of	ecall petition and personally obtained each of the signatures on this paper. ficeholder named in this petition. I know that each person signed the paper	with full knowledge of its content on the date indicated

S. 12.13(3)(a), Wis. Stats

Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

SIGNATURES OF ELECTORS PRINTED NAMES OF ELECTORS STRET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. 106 Cassoling Cf. Beaver Dam, W1 53916 Town Olity 1 Town Olity	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
2.	SIGNATURES OF ELECTORS		STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE	1	
2.	1. Therefore	Russell Corcoran	106 Caroline Ct. Beaver Dam, WI 53916	1	1/7/12	
4.	2.			□ Town □ Village		
5.	3.			☐ Village		
6. City 6. City 7. Town 1. Village 1. Urilage 1. Urilage	4.			☐ Village		
□ Village	5.			☐ Village		
	6.		•	□ Village		
7.	7.			☐ Village		
8.	8.			□ Village		
9.	9.			☐ Village		
10. Town Utilage City	10.			□ Village		

1, Janet Deuts of Circulator	, certify:
I reside at 516 N. Lincoln Ave, Begver Dam (city)	·
(circulator's residence - include number, street, and municipality)	,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

01/10/2012

Junet Deutch 120-887-8304 Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

Atticle X		constitution and 3. 7. To of the wis		
		G PURPOSES, WHEN DIFFERENT THAN MUI THE MUNICIPALITY OF RESIDENCE MUS		SUFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Loren Hyne	Larry M. Hynes	Rural address must also include box or fire no. 637 S. Birdsey St	Town Utilage Columbus	1-7-4
2.			□ Town □ Village □ City	
3.			☐ Town ☐ Village ☐ City	
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10.			☐ Town ☐ Village ☐ City	
, Andraw KOHL	Certification of Circula	ator, certify:	Return by Ja	nuary 10, 2012
I reside at 49 Bradford Ln	(name of circulator) Madi son WI 53 roulator's residence - include number, street, and municipal		to Lori Comp 326 Garfield S Fort Atkinsor	as Street
I personally circulated this recall petition and pers district represented by the officeholder named in the opposite his or her name. I know their respective re-	nis petition. I know that each person signed the	ne paper with full knowledge of its content on t	he date indicated	el i

S. 12.13(3)(a), Wis. Stats.

Oudrew 16

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Mark E Dturchent	Mark E Sturdevant	102906 gnant 97 R:0 W3 53960	Town RVillage City DovleStance	1-7-12
2.		5 -3460	□ Town □ Village □ City	
3.			□ Town □ Village □ City	
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10.			☐ Town ☐ Village ☐ City	
	Cartification of Circulat	4		

I, GREG HERRING TON Certification of Circulator	ify:
I reside at 45 BRADFORD 4- MADISON, WIS. (CITY OF) (circulator's residence - include number, street, and municipality)	
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are elector district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its contermonality of the paper. I know their respective residences given. I support this recall petition. Lam aware that folcifying this certification.	nt on the date indicated

S. 12.13(3)(a), Wis. Stats.

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

		G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST			UFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY Indicate Town,	OF RESIDENCE	DATE OF SIGNING
Soom Hornan	&Soum Hemand	218 HenPKICKS57 3 Water 100 53594	□ Town □ Village Deity Wat	eflogi.	12-23-11
2.			☐ Town ☐ Village ☐ City		/
3.			☐ Town ☐ Village ☐ City		
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.5.			☐ Town ☐ Village ☐ City		
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10.			☐ Town ☐ Village ☐ City:		
I THOR BACK	Certification of Circula				
I reside at 4233 Bever	(name of circulator) /	C174 OF , certify: DADISON 537/	/ t	Return by Jan to Lori Compa 326 Garfield S	s treet
I personally circulated this recall petition and pers			[Fort Atkinson	WI 53538

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I appraware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to

<u></u>	_ Afficie Ai	ii, section 12 of the wisconsin (Constitution and S. 9.10 of the Wis	sconsin Statutes.				
	THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
	SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING			
1.	Stephe Slade	Stephen Sladby	700 Bittersweet la	□ Town □ Village Vatu Jour	1/8/12			
2.		/		☐ Town☐ Village☐ City				
3.				☐ Town ☐ Village ☐ City				
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9.				□ Town □ Village □ City				
10.	•			☐ Town☐ Village☐ City				
	Maria Nalura	Certification of Circula	itor					
I,	Maxine Nehmer at 4389 Sequoia D	name of circulator) YILL WINDSOT Ulator's residence - include number street and municipality	, certify:	Return by Jan to Lori Compa 326 Garfield S				

		☐ Village ☐ City
1. Maxine Nehmer	Certification of Circula	tor
I reside at 4389 Sequoia		, certify.
	(circulator's residence - include number, street, and municipalit	<u>y)</u>
opposite his or her name. I know their respect	in this petition. I know that each person signed the	paper. I know that the signers are electors of the jurisdiction or e paper with full knowledge of its content on the date indicated am aware that falsifying this certification is punishable under
S. 12.13(3)(a), Wis. Stats.	Majure	(signature of circulator)

Fort Atkinson WI 53538

608-846-9376 1444

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

	THE MINISTRAL PROPERTY.				
		G PURPOSES, WHEN DIFFERENT THAN MU F THE MUNICIPALITY OF RESIDENCE MUS			SUFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPAL	LITY OF RESIDENCE own, City, or Village	DATE OF SIGNING
Trent Dahlko	Front Dahlle	211 Gray or St. Water 100, 55,53594	☐ Town	Water loo	12/23/20
2.			☐ Town ☐ Village ☐ City		1010
3.			☐ Town☐ Village☐ City		
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10.			☐ Town ☐ Village ☐ City		
TCC 0 01 11	Certification of Circula	ator	<u>.</u>		
I reside at 143 Adams Street	(name of circulator) - Wate-law W C irculator's residence - include number, street, and municipal	ity of Waterlan		Return by Jan to Lori Compa 326 Garfleld S Fort Atkinson	treet
I personally circulated this recall petition and personally circulated this recall petition and personal district represented by the officeholder named in topposite his or her name. I know their respective r. S. 12.13(3)(a), Wis. Stats.	his petition. I know that each person signed the	he paper with full knowledge of its content on t	the date indicated		45

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

		G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST			
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.		FY OF RESIDENCE on, City, or Village	DATE OF SIGNING
1. Dunca	Douglas Dorn	1419 Cakeview Dr		t Alkinson	1/1/12
			☐ Town ☐ Village ☐ City		
			□ Town □ Village □ City		
			□ Town □ Viliage □ City		
			□ Town □ Village □ City		
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Scott Allie	Certification of Circula	강하는 생각 가는 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들이 되었다.	, [
side at 511 Shak An	(name of circulator) / C. Fort Alkinson inculator's residence - include number, street, and municipal	, certify:		Return by Jan to Lori Compa 326 Garfield S	s treet
ersonally circulated this recall petition and per rict represented by the officeholder named in	sonally obtained each of the signatures on this this petition. I know that each person signed the	paper. I know that the signers are electors of the paper with full knowledge of its content on the paper with full knowledge of its content on the paper with falsifying this certification is purely	ne date indicated	Fort Atkinson	WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

		G PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUS		UFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Selv Plano	John Pharo	JEGENSON 53549	Town Village Je Herson	12/16/11
2.			☐ Town ☐ Village ☐ City	
3.			☐ Town ☐ Village ☐ City	
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9.			☐ Town ☐ Village ☐ City	
10.			☐ Town ☐ Village ☐ City	
I,	Certification of Circul		Potum by Ion	40 2042

(signature of circulator)

		(name of circulator)		
reside at	14	HASTINGS	CIR	MADISON
	·	(circulator's residence -	include number,	street, and municipality)
listrict represented by the	officeholder named know their respec	d in this petition. I kn tive residences given.	now that each	ignatures on this paper. I know that the signers are electors of the jurisdiction or person signed the paper with full knowledge of its content on the date indicated s recall petition. I am aware that falsifying this certification is punishable under
	12/16/	u		Jam E, Challe

(date)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

	THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUN	NICIPALITY OF R	ESIDENCE, IS NOT S	UFFICIENT.
		THE MUNICIPALITY OF RESIDENCE MUST	r always be lis	TED.	
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE	MUNICIPALIT	Y OF RESIDENCE	DATE OF
		Rural address must also include box or fire no.	Indicate Tow	n, City, or Village	SIGNING
1. Ruth & Samdorf	Ruth G Gramdort	1220 Randold M Natur M 530 9 4	∵ Town □ Village □ City		1-7-2012
2. * * * * * * * * * * * * * * * * * * *			☐ Town ☐ Village ☐ City		
3.			☐ Town☐ Village☐ City		
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9.			□ Town □ Village □ City		
10.			□ Town □ Village □ City		
	Certification of Circulat	for			1
I, JAMES C. BAYA	ame of circulator)	, certify:		Return by Jan	uary 10, 2012

1, JAMES C. BALLER	, certify:
I reside at STANE STANE STANE WI 53560 (circulator's residence - include number, street, and municipality)	
(circulator's residence - include number, street, and municipality)	·
I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signer district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this \$ 12.13(3)(a) Wis State	of its content on the date indicated

(signature of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

		G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUS			UFFICIENT.
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPAL	ITY OF RESIDENCE wn, City, or Village	DATE OF SIGNING
1. Sinds Haugen	Linda Haugen	W6121 Rad loff St Ft. Atllinson WI 53538	ox∕Town	shkonong	1-10-12
2.			☐ Town ☐ Village ☐ City		
3.			☐ Town ☐ Village ☐ City	77 (1944) - 1944 (1944) - 1944 (1944) - 1944 (1944) - 1944 (1944) - 1944 (1944) - 1944 (1944) - 1944 (1944) -	
4.			☐ Town ☐ Village ☐ City		
5.			☐ Town ☐ Village ☐ City	Production of the Company of the Com	
6.			☐ Town ☐ Village ☐ City	What was a second of the secon	
7.			☐ Town ☐ Village ☐ City		
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10.			☐ Town ☐ Village ☐ City		
1:1	Certification of Circula	ator			
reside at W6121 Rad 10 FF	Certification of Circula Hausen (name of circulator) St Town of Kash Ke circulator's residence - include number, street, and municipal	onong Wisconsin	•	Return by Jan to Lori Compa 326 Garfield S	s treet
personally circulated this recall petition and peristrict represented by the officeholder named in the pposite his or her name. I know their respective in 12.13(3)(a), Wis. Stats.	sonally obtained each of the signatures on this this petition. I know that each person signed the	paper. I know that the signers are electors of the paper with full knowledge of its content on the	ne date indicated	Fort Atkinson	WI 53538
1-10-12	A ;>	(signature of circulator)	The second of the Tail Value is an artist of the Second Administra	1 7	• 1
(date)		(signature of circulator)			

TO: THE GOVERNMENT ACCOUNTABILITY BOARD

We, the undersigned qualified electors of the 13th SENATE DISTRICT in the STATE OF WISCONSIN, petition for the recall of SCOTT FITZGERALD, STATE SENATOR from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S. 9.10 of the Wisconsin Statutes.

The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed.						
SIGNATURES OF ELECTORS	PRINTED NAMES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING		
L'Hawen Verty	Lauren M Vertz	W358 N 6009 Bayshere Cir	D City CONOMONO	1/8/2012		
2.		,	☐ Town ☐ Village ☐ City			
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9.			☐ Town ☐ Village ☐ City			
10.			☐ Town☐ Village☐ City			

Certification of Circulator	
I, MARK HEMBREE	, certify:
I reside at 633 5. Silverhales St. Oconomowoc, WI 53066	
(circulator's residence - include number, street, and municipality)	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

Jan. 8, 2012

Mild Visignature of circulator)

Return by January 10, 2012 to Lori Compas 326 Garfield Street Fort Atkinson WI 53538